

HOMELESS CERTIFICATION FORM

Applicant Name and Unique Identi	er:				
Staff Member Name:					
Household without dependent children (complete one form for each adult in the household) Household with dependent children (complete one form for household) Number of persons in the household:					
This is to certify that the above named individual or household is currently either literally or imminently homeless based on the check mark, other indicated information, and signature indicating their current living situation. Check the appropriate type of documentation used to verify homelessness and attach it to this worksheet.					
CHRONIC HOMELESS CERTIFICATION					
*Agency must select "Yes" if household meets the following criteria:					
Individual or family is literally homeless and has third-party, intake worker, or household documentation of the following:					
Has been homeless for at least one year continuously or on at least four separate occasions in the last three years, where the cumulative total of the four occasions is at least one year (Stays in institutions of 90 days or less will not constitute a break in homelessness, but such stays are included in the cumulative total) in a place not meant for human habitation, a safe haven, or an emergency shelter; AND					
Has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions.					
CHRONICALLY HOMELESS: Yes* No					
GENERAL HOMELESS CERTIFICATION Complete with information on the <u>primary</u> cause of homelessness					
Homeless Status		Type of Eligible Documentation	Documentation/ Eligibility		
LITERAL HOMELESSNESS (RAPID RE-HOUSING ELIGIBLE)					
Persons living on the street of sleeping in a place not design or ordinarily used as a regular sleeping accommodation	ed for	 Signed and dated written certification by person seeking services Signed and dated written certification by an outreach worker 	□Yes □No		
Persons living in a shelter desto provide temporary living arrangements - emergency shelter - transitional housing - hotel/motel paid for by a ch		 HMIS shelter record Written referral from previous shelter staff Written referral from charitable organization or government program 	☐Yes ☐No		

HMIS shelter record

Written referral from previous shelter

☐Yes ☐No

program

organization or government

Persons exiting an institution where

they resided for 90 days or less and

resided in a place not meant for



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	human habitation immediately	staff			
	before entering institution	 Written referral from institution 			
	Persons fleeing domestic violence.	Written, signed and dated verification			
	*Must meet one of the homeless	from the participant	☐Yes ☐No		
	status categories listed above*	 Written, signed and dated verification 			
		from the domestic violence service			
		provider.			
	IMMINENT RISK OF HOM	ELESSNESS (TARGETED PREVENTION ELIGIBLE)			
П	Person will imminently lose primary	Documentation of diversion (notate in			
	nighttime residence within 14 days	case file)			
	and meets both of the following	 Eviction letter from tenant/homeowner 			
	circumstances:	(If living with another, i.e. doubled up)	Yes No		
	- No appropriate subsequent	Letter from hotel/motel manager and			
	housing options have been	cancelled checks to verify costs covered			
	identified; AND	by the participant			
	- Household lacks the financial	Court order/eviction notice			
	resources and support networks	Court order/eviction notice			
	needed to obtain immediate housing				
	or remain in its existing housing				
П	Persons fleeing domestic violence	Written, signed and dated verification			
	*Must also be imminently	from the participant	□Yes □No		
	homeless*	Written, signed and dated verification			
		from the domestic violence service			
		provider.			
Documentation of attempts to obtain third party verification (required): Third party verification is the					
		or risk for homelessness for an individual who is			
	neless assistance.	or risk for nomercosness for an marriada who is	applying joi		
1101	reress assistance.				
Sal	Declaration of Homelessness: Self declar	ration is only permitted when third party verifica	ition cannot he		
		nation is only permitted when thind party verifica	tion cumot be		
obtained.					
Dar	ticinant Signaturo:	Data:			
ral	ticipant signature.	Date:			
For	m Completed By:				
1-01	in completed by.				
Sta	ff Signature:	Date:			
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